

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90057 036 ***150.00

DOCUMENT # F28645
 1. Entity Name
 ASA PHOTO/GRAPHICS CORPORATION



Principal Place of Business
 700 ARMENIA DR
 STE A
 PENSACOLA, FL 32505
 2213 Village Ct.
 Brandon, FL
 33511

Mailing Address
 PO BOX 829
 PENSACOLA, FL 32591
 SAME

2. Principal Place of Business - No P.O. Box #
 2213 Village Ct

3. Mailing Address
 SAME

Suite, Apt. #, etc.

City & State
 Brandon FL

Zip
 33511

Country
 USA

Barcode

02182008 Chg-P CR2E034 (12/06)

4. FEI Number
 59-2075407

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUDLEMAN, ALFRED L
 700 ARMENIA ST SUITE A
 PENSACOLA, FL 32505
 2213 Village Ct.
 Brandon, FL 33511

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City
 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alfred L Audleman* Alfred L Audleman 4/8/08
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP AUDLEMAN, ALFRED L 7204 TWN LAKES LANE PENSACOLA, FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST AUDLEMAN, WILDA S. 7204 TWIN LAKES LANE PENSACOLA, FL 00000. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alfred L Audleman* Alfred L Audleman 4/8/08 8133159187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #